

# STENT

## Technical Field

The present invention relates in general to medicine and more specifically to surgery and can find  
5 predominant application for endoreconstruction of blood vessels and other hollow organs and structures of human body. The invention also enables one to carry out reconstruction of perforating lesions.

## Background Art

10 Modern medicine is capable of reconstructing blood vessels, ducts, and perforating lesions of human organs, using special framework-type devices named stents. Use of stents makes it possible to restore the natural function of an defected anatomical structure without  
15 having recourse to direct operative interference techniques.

In order to attain high-quality reliable endoprothesizing said devices must possess a number of definite properties. First and foremost stents must  
20 provide unobstructed motion of body fluids through the implanted structure without deteriorating metabolic processes in tissues. Such stents must be rigid enough to withstand the pressure exerted by the walls of blood vessels and body cavities, to provide uniform pressure  
25 distribution over the surface being prothesized, and the same time possesses elasticity. Moreover, the stent construction must be convenient for being transported to

the zone of reconstruction and positioned there, as well as must not produces any injurious effect upon the surrounding tissues in the course of implantation and further functioning.

5        One state-of-the-art hollow tubular stent is known to have end portions and a surface formed by a plurality of intersecting elastic elements at least part of which are interconnected at the stent ends (US, A, 733,665).

10        The stent can be of two different diametrical dimensions due to radial deformation of its elastic elements. Before being positioned at the place of reconstruction the stent is deformed so as to minimise its diametrical dimension. Then the stent is placed, in the deformed state, inside a transporting means by  
15        arranging it on a special setting bulb. Once the stent has been transported to the place of reconstruction the setting bulb is expanded so that the stent diameter is maximised.

20        It is due to its rigid construction that the stent withstands rather high pressure of the walls of the organ being prosthesisized and provides for a uniform distribution of the resultant stresses over the prosthesisized surface.

25        However, the stent in question features but lower elasticity due to a restricted axial deformation, which affects the quality of endoprosthesisizing.

Another prior-art stent is known to be in the form

of a hollow tubular springlike body made of a material having a shape memory effect (SME). Stents made from such a material are capable of restoring their shape upon a change in the temperature conditions.

5       The advantages of said stent are determined by the properties of the material it is made from that provides for complete restoration of the stent shape in the zone of reconstruction, as well as a possibility of its convenient withdrawal from the organ being prosthesised  
10 upon cooling of the stent. The procedure of the stent positioning is improved, too.

A variety of stent embodiments are possible. In particular, the stent may have a construction disclosed in the aforescussed invention (US, A, 733,665).

15       One more stent embodiment presents its construction as a hollow tubular element established by the coils of a wire or the turns of a strip. The construction of such a stent is more elastic since the stent is deformable both radially and axially.

20       However, with this stent it is not always possible to provide an optimum value of the pitch of spring coils or of strip turns because with too a large pitch a uniform pressure distribution over the surface being prosthesised is affected, which may result in partial  
25 vessel stenosis, whereas in the case of too a small pitch stent implantation may cause hyperplasia of the intima of the vascular wall in the organ

under reconstruction, as well as early thrombotic complications.

Still more stent of the prior art is known to appear as a three-dimensional tubular structure established by a number of interlaced rigid and elastic threads arranged in two groups along helical lines directed oppositely to each other. The ends of threads on the end faces of the tubular structure are not connected to one another or to the threads of the helical coils and are arranged loosely (CH, A5, 662,051).

The stent under consideration is elastic and easily deformable, and can be placed in a small-diameter delivery systems; besides, the stent provides for an adequate rigidity and a uniform pressure distribution over the surface being proshesized.

However, the presence of free ends of threads on the stent end faces affects adversely the framework properties as a whole. To attain the required rigidity involves increasing the number of threads used, which is undesirable since this may cause intimal hyperplasia and early thrombotic complications. Thread and loosely arranged on the stent and faces produce an injurious effect upon the walls; in addition, there are required more complicated systems for stent transfer to the place of reconstruction.

Known in the present state of the art is a stent in the form of a three-dimensional structure formed by

interlaced threads arranged in multistart turns of a helical line (RU, A, 1,812,980). The turns form at least two groups featuring opposite senses of the helical line. The thread is made of a material featuring the  
5 SME. The ends of threads belonging to different groups are fixedly joined together on the end faces of the three-dimensional structure by, e.g., spot welding or splicing together.

The stent under discussion provides for a required  
10 rigidity and a uniform pressure distribution over the surface being prosthesised, as well as possesses elasticity.

It is due to joined together ends of threads on the stent end faces that its placing into a transporting  
15 system is simplified. The selected stent material ensures virtually complete restitution of its shape at the place of the prosthesis implantation.

However, an artificial joining of threads results in a local change of the physic-mechanical properties of  
20 the stent, which tells negatively on the rigidity and reliability of the stent construction as a whole. Moreover, the presence of artificial joints between the threads on the stent end faces gives one no way of attaining a maximum possible stent transformation which  
25 in turn places limitation on a possibility of its placing into a small-diameter delivery systems.

### Disclosure of the Invention

The present invention has for its principal object to provide a stent with a broad range of functional applications, possessing the required rigidity and  
5 elasticity, as well as a high degree of the shape transformation.

The foregoing object is accomplished due to the fact that in a stent shaped as a three-dimensional body which is formed by interlaced elastic threads arranged  
10 in multistart turns of a helical line and in at least two groups featuring opposite senses of the helix line, according to the invention, the ends of the three-dimensional body are established by the sections where the turns of one helical line merge into those of  
15 the other helical line, said sections appearing as a bend of a single thread segment.

Thus, the foregoing object is attained due to the following specific features of the proposed construction: threads at the stent ends have no areas  
20 of artificial joining: merging of the turns of one helical line into those of the other helical line appears as a bend of a single thread segment. Hence similar physic-mechanical properties are retained in the entire stent volume, while the sections of the thread  
25 merging at the stent ends acquire the properties of a spring and become the functionally active construction elements. The stent ends formed by all the aforesaid

sections of the thread bend are capable of withstanding the pressure of the walls of the organ under reconstruction, and the stent construction acquires the required rigidity so that the stent provides for a  
5 uniform pressure over the surface being prosthesisized. In addition, it is due to their elastic properties that the section of the thread bend tend to restore their original shape after their having undergone deformation, thereby taking an active part in the process of the  
10 stent shape restoration.

The herein-proposed stent construction features the required elasticity due to a possibility of its radial and axial deformation under the action of small forces applied thereto.

15 The stent construction provides for high degree of the transformation of the stent shape. In the case of longitudinal stent deformation the threads slide with respect to one another, with the result that the angle of their mutual arrangement changes, the stent diameter  
20 decreases and becomes equal in length. Hence the stent diameter is much reduced, whereas its length changes but rather inconsiderably. High degree of the transformation enables one to place different-dimension stents into a minimised-diameter delivery systems, a future that  
25 solves the problem of transporting stent to the place of reconstruction along both major and minor blood vessels.

To attain the maximum degree of the stent

transformation with the required construction rigidity remaining unaffected, it is expedient that the turns of all the helical lines are made of a single thread segment. Such a stent possesses high elasticity and transformation ability due to a low interlacing density and a small number of threads. In addition, low interlacing density tells positively on the quality of endoreconstruction because it reduces reaction of the walls being prosthesisized to a foreign body being  
5  
10 implanted.

It is expedient in some cases that the stent features variable-pitch turns so as to provide different interlacing density as for the stent length with a view to, eg.g., high-rate formation of the neointima of the  
15 vessel walls on individual reconstruction areas.

It is practicable that the stent is shaped as three-dimensional body having variable cross-section diameter as for the length thereof, a feature that makes it possible to obtain a stent shape adapted for  
20 endoreconstruction of defects of the various types and configurations.

Whenever it becomes necessary to obtain higher-density thread interlacing on a preset area, it is expedient that the stent is provided with  
25 additionally interwoven threads on said area. Such a stent is applicable for, eg.g., reconstructing an aneurysms vessel.



It is expedient that the free thread ends are joined on the surface of the three-dimensional body, to the threads that form helical turns, and/or to one another, thus adding to the stent reliability.

5 It is expedient that on the sections of merging, the turns of one helical line merge into those of the helical line with the opposite sense of the helix. In this case, the radius of curvature of the merging section is increased, and such sections become more  
10 resilient.

A bend of the single thread segment on the merging sections may have various configurations, e.g., a circular arc, a loop, or an U-shape. Those merging sections are most elastic which are shaped as circle  
15 arcs having a large radius of curvature.

In some instances it is expedient that the points of bending the threads on the merging sections are arranged in different transverse planes relative to the longitudinal body axis. This makes it possible to attain  
20 more compact arrangement of the stent ends during its transformation.

It is expedient that the stent is made of a material possessing a SME or of a superelastic material. Such stent possess a virtually complete degree of shape  
25 restitution.

It is expedient that, with a view to reducing its thrombogenicity, in some instances the stent may be

provided with a biocompatible material.

No sources of information have been found by the Applicants that would contain any data on technical solutions identical or equivalent to the device proposed  
5 herein. This, in the Applicants' opinion, renders the invention conforming to the condition of novelty (N).

Practical realisation of the specific features of the present invention imparts an important technical effect to the stent, consisting in that its required  
10 construction rigidity is attained along with high elasticity and transformation ability. The aforesaid novel feature of the present invention define, in the Applicants' opinion, conformity of the herein-proposed technical solution to the inventive step criterion (IS).

15 Practical use of the herein-proposed technical solution provides for a number of positive properties that follow:

- Required construction rigidity and uniform pressure distribution over the surface being  
20 prosthesisized;

- High stent elasticity;

- High degree of the shape transformation, which enables the stent to be placed into a minimum-diameter delivery systems;

- 25 - Lower traumatogenicity of the stent implanting procedure;

- Broad range of functional applications.

### Brief Description of the Drawings

In what follows the present invention will now be disclosed in a detailed description of some illustrative embodiments thereof with reference to the accompanying  
5 drawings, wherein:

FIG.1 is a general view of the proposal stent;

FIG.2 shows an embodiment of the stent, wherein the bending points of threads on the merging sections are situated transverse planes relative to the longitudinal  
10 axis of the three-dimensional body;

FIG.3 shows another stent embodiment used as a filter;

FIG.4 shows one more stent embodiment aimed at endoreconstruction of perforating defects; and

15 FIG.5 shows a stent embodiment aimed at endoreconstruction of aneurysms vessels.

Referring now to the accompanying Drawings FIG.1 presents a stent of the present invention appearing as a three-dimensional body made of interlaced elastic  
20 threads 1 arranged in multistart turns along a helical line in two groups 2 and 3 featuring opposite senses of helix. The stent is made of a single segment of the thread 1 whose loose ends 4 are joined together and to the threads 1 of the groups 2 and 3 by interlacing. The  
25 stent ends are established by sections 5 of merging the turns of the thread 1 of the group 2 into the turns of

the thread 1 of the group 3 and appear as a bend of the single segment of the thread 1. The bend of the thread 1 on the section 5 is shaped as a circle arc.

FIG.2 presents a stent embodiment, wherein the bending points of the threads 1 on the merging sections 5 are situated in different transverse plane's  $a_1$ ,  $a_2$ , and  $b_1$ ,  $b_2$  with respect to the longitudinal stent axis and are arranged in an alternating order. The bends of the threads 1 on the merging sections 5 are shaped as circle arcs. The stent is made from a single segment of the thread 1. Such an embodiment is preferable for large-diameter stents used in, e.g., endoprosthesis of the aorta, when a minimum diameter of the stent ends is to be provided in the deformed state, the required rigidity of the stent construction remaining unaffected. The diameter of this stent can be reduced more than tenfold throughout its entire length. The number of turns of the thread 1 and their pitch are preset proceeding from the required interlacing density, which is so selected that the area  $S$  of meshes established by the intersecting helical turns provides the required rigidity, whereas the meshes should be large enough not to cause hyperplasia of the intima of the walls under reconstruction or earlier thromboses complications.

FIG.3 presents a stent embodiment, wherein the cross-sectional diameter in the central portion of the three-dimensional body is much larger than the

cross-sectional diameters of the stent ends. The stent is spherical-shaped and is aimed at use as a filter for, e.g., preventing thromboembolism of the pulmonary artery. The merging sections 5 at the stent ends are loop-shaped.

FIG.4 presents a stent embodiment intended for reconstructing, e.g., perforating injuries of the cardiac septa, or the open arterial duct. The stent has a minimum transverse diameter at the centre of the three-dimensional body and the maximum possible transverse diameters at its ends. The stent dimensions are so selected that its length exceeds the maximum diameter of a defect 6, and the diameter of the stent ends is such that the projection of the stent ends onto a wall 7 exceeds the area of the defect 6. The dotted line indicates the shape assumed by the stent in the strained state. The stent is positioned in the strained state through a perforation of the defect 6. Once installed the stent restores its original shape, whereby its end portions open up to their maximum diameter and are fixed outside the defect 6.

Fig 5 presents a stent embodiment applicable in the case of an aneurysmal dilatation of a blood vessel. The stent is provided withb the additionally interwoven threads 1 on a section 8, which features a higher interlacing density of the threads 1. This results in an accelerated neointima formation and in exclusion of an

aneurysmal cavity 9 from the blood stream along a vessel 10.

The herein-proposed stent operates as follows. A preliminary catheterization of the afferent passages is performed under aseptic conditions. A guide wire is inserted into the catheter, and the guide wire working end is placed outside the zone of reconstruction.

Then the catheter is withdrawn, whereupon the stent and the delivery system are fitted in succession onto the free guide wire end, said delivery system appearing as two coaxial catheters. Next the stent is deformed by applying slight longitudinal forces to the stent ends, after which the thus-strained stent is placed into the free space of the outside catheter of the delivery system. Further on the assembled delivery system is brought to the place of endoreconstruction under fluoroscopy control and is released. The stent assumes its original shape and is fixed reliably in position.

Thus, the stent construction provides for its quick and convenient implantation in the preset zone of reconstruction.

#### Industrial Applicability

The proposed invention is instrumental in attaining high-quality reliable endoprothesizing of blood vessels, ducts, and perforating defects of the various organs, which is confirmed by good clinical effects

attained in implantation of the stents in cases of occlusion-stenotic pathology of the blood vessels, vascular aneurysms, obstructions of the billiary ducts, and in portal hypertension (TIPS).

5       The aforelisted surgeries were conducted in St.Petersburg in 1992 - 1994 on the basis of the Central Roentgenology and Radiology Research Institute, the St.Petersburg State Medical Academy, as well on the basis of the Central Regional Clinical Hospital.